

Longer, healthier lives for
all the people in Croydon

Patient and Public Engagement Report

Proposed changes to prescribing in Croydon

Summary of engagement from
Friday 11 November 2016 to Friday 6 January 2017



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Executive Summary

This report provides a description of the engagement activities Croydon Clinical Commissioning Group has undertaken during the formal engagement period about proposed changes to prescribing in Croydon and an overview of the responses we have received.

The formal engagement period took place between Friday 11 November 2016 and Friday 6 January 2017 and Croydon CCG carried out a series of patient and public engagement activities with people in Croydon to gather their opinions about proposed changes to prescribing in Croydon.

Throughout this engagement process, Croydon CCG engaged face to face with over 300 individual Croydon residents, patients and professionals at over 30 events, groups or locations. In addition, we received a total of 346 written responses through the online or paper survey.

The responses to our engagement work has been given in many different ways and we have endeavoured to show this within this report, for example returned surveys have provided us with clear written evidence, in-depth feedback was given at events, free comment by e-mail was collated and analysed. The reach of the engagement exercise has been comprehensive and complemented by a specific piece of work undertaken by Croydon Voluntary Action to outreach and gather the views of seldom heard groups, including refugee and asylum seekers, men and Black, Asian and minority ethnic (BAME) communities.

The engagement document that outlines the proposed changes can be read [here](#).

In summary, the proposals made were to make changes to four areas of prescribing. The proposals set out in the engagement document were for the CCG to stop prescribing:

- gluten-free foods
- vitamin D maintenance dose supplements
- baby milks: soya-based infant formula milk, thickened infant formulas or formulas for lactose intolerance
- self-care medications for common conditions which can be brought over the counter and in supermarkets. These medications would include paracetamol for people with conditions that will get better in time without treatment, antihistamines and cough medicines and lozenges for mild infections.

The engagement document asked people for comments on these four areas as well as asking if they had any concerns about the proposals, whether they believed there should be any specific exemptions and if there were any other comments that they wanted to make or things that they felt we should take into consideration.

The results of the on-line survey indicate that:

- 71% of respondents agreed or strongly agreed that after reading the document they understood why the local NHS is proposing to stop prescribing some items which are now readily available or cheaper to buy directly.

1. Prescriptions for gluten-free foods

- 51% of respondents agreed or strongly agreed that the CCG should stop prescribing gluten-free foods
- 34% of respondents disagreed or strongly disagreed that the CCG should stop prescribing gluten-free foods

2. Prescriptions for vitamin D

- 59% of respondents agreed or strongly agreed that the CCG should stop prescribing Vitamin D for maintenance
- 34% of respondents disagreed or strongly disagreed that the CCG should stop prescribing Vitamin D for maintenance

3. Prescriptions for baby milks

- 49% of respondents agreed or strongly agreed that the CCG should stop prescribing specialist formula baby milk
- 34% of respondents disagreed or strongly disagreed that the CCG should stop prescribing specialist formula baby milk

4. Prescriptions for self-care medications

- 70% of respondents agreed or strongly agreed that the CCG should stop prescribing self-care medications
- 22% of respondents disagreed or strongly disagreed that the CCG should stop prescribing self-care medications

At the close of the engagement period the response to our engagement has been predominantly positive, however there are a number of concerns that have been raised by patients, the public, healthcare staff and key stakeholders that will require detailed consideration.

The main focuses of these concerns if the CCG were to take these proposals forward are:

- the potential negative impact on health inequalities in the borough
- the longer term impact on current patients if they do not comply with their current supplements or diets
- to make sure Croydon's most vulnerable residents are protected
- the role and responsibility of the CCG in supporting patients, the public, healthcare professionals and service providers in the implementation of these proposals, should they go forward.

The proposals and engagement plan were subject to examination by Croydon Health, Social Care and Housing Scrutiny Sub Committee which senior members of the CCG attended in October 2016.

As part of the next steps of this work the outcome of patient and public engagement activities will be shared with all stakeholders and members of the public who have requested to be contacted by the engagement team.

This report will be presented to the Governing Body at their meeting in public on Tuesday 17 January 2017 as part of their final decision making on the proposed changes to prescribing in Croydon.

Our engagement activities would not have been as effective without all those people who took the time to contribute to and support this work. We would like to take this opportunity to thank those who got involved including local residents in Croydon, patient representatives, NHS and Council employees, clinicians and our community and voluntary sector partners who have all worked very hard to ensure this engagement process was as wide reaching and inclusive as possible.

Background

Croydon CCG is facing its biggest financial challenge yet. The CCG needs to make savings of almost £30 million next financial year, which is around 6% of the commissioning budget for local health services of £482.3 million. As a result of these challenges, the CCG identified a number of areas where it could make potential savings that contribute towards helping the CCG get into balance. These areas of potential saving were then assessed against a set of criteria before being developed further.

The proposals set out in this engagement process Proposed changes to prescribing in Croydon: Have your say were for the CCG to stop prescribing:

- gluten-free foods
- vitamin D maintenance dose supplements
- baby milks: soya-based infant formula milk, thickened infant formulas or formulas for lactose intolerance
- self-care medications for common conditions which can be brought over the counter and in supermarkets. These medications would include paracetamol for people with conditions that will get better in time without treatment, antihistamines and cough medicines and lozenges for mild infections.

The formal engagement period took place between Friday 11 November 2016 and Friday 6 January 2017 and Croydon CCG carried out a series of patient and public engagement activities with people in Croydon to gather their opinions about proposed changes to prescribing in Croydon.

Objectives of the engagement

The objectives of the engagement are to:

- work with Croydon residents, carers and the local community and voluntary sector to engage them in the discussion and development of the CCG's proposals around these potential changes.
- ensure that our patients, public and stakeholders are aware of our plans, the process by which the CCG have come to these proposals and are assured of the clinical reasoning upon which these proposals are based
- work with our community and voluntary sector partners, including Healthwatch Croydon, to identify seldom heard groups and develop focused engagement activities to ensure that the voices of these residents are heard during the engagement process.

Developing the assessment criteria with Croydon residents

In order to develop the proposals for making savings in NHS commissioning in the borough, Croydon CCG drew up assessment criteria that contains a number of domains and considerations. Each proposal would need to be measured against these criteria before the CCG took them any further to ensure that all proposals are subject to rigorous assessment.

The developed criteria include assessment against patient benefit, service delivery and future impact.

Given that these and other proposals for change will impact upon Croydon residents using health services it was imperative that patients and the public were able to have significant input into the development of the considerations against which all proposals will be assessed.

Croydon CCG holds Patient and Public Involvement Forums, which are open meetings for local people held every quarter. The forums are an opportunity for Croydon CCG to share its early thinking on commissioning areas and hear the views of patients, stakeholders and members of the public.

The CCG's October 2016 forum meeting was used as an opportunity to work with interested patients to help us to develop the assessment criteria against which the CCG develops its proposals to support the financial recovery plan. Participants, who included representatives from the community and voluntary sector, worked with members of the senior management team to refine the domains and criteria and work up additional criteria that they felt was important to patients and carers.

The participants were asked to discuss the assessment tool and suggest any other considerations they thought the CCG should take into account when assessing each proposal for change and which domains they felt were the least important when assessing proposals.

As a result of the PPI forum several new additions were made to the criteria and an additional priority area was included: future impact. These additional criteria were largely concerned with patient access, safety and health inequalities and included:

- To what extent would the proposal impact upon equity of access for all residents across the borough?
- What is the scale of potential impact on a patient's quality of life from these changes?

This agreed version of the assessment criteria is now being used by the CCG's project management office.

Pre-engagement

Prior to starting our engagement a number of pre-engagement activities took place with established forums to help the CCG to develop our thinking on the proposed changes to prescribing in Croydon. These activities included testing the messages with our well established service user experience group that supports the outcomes based commissioning programme and the CCGs regular patient and public forum meeting.

During the pre-engagement phase the PPI team updated stakeholder lists and reaffirmed links with community and voluntary sector partners. An engagement plan was developed which focused on reaching out to existing special interest patient groups including:

- Older peoples groups

- BAME groups
- Baby clinics to access parent of babies and young children
- Food banks to access lower income groups

In addition a number of high profile community organisations were contacted to help support the CCG to engage with their membership including Age UK and Croydon Communities Consortium.

The engagement process

An eight week period of engagement around the proposed changes to prescribing in Croydon took place between Friday 11 November 2016 and Friday 6 January 2017. The engagement period was timed to run beyond the Christmas season and into the New Year to allow for end of year celebrations.

The engagement was formally opened on Friday 11 November 2017 when materials were published on the website and emails including links to the materials were sent to partners, stakeholders, community and voluntary sector groups and interested members of the public. A media release was also sent to the local press.

The first phase of engagement activities were focused on distributing materials to key locations and stakeholders across Croydon including GP practices and our community and voluntary sector partners. Public events were grouped in this phase of engagement activities to allow initial feedback to help focus the second phase of the engagement, after the mid-point review which took place on 9 December 2016.

Events were publicised through a range of media including, posters and the engagement document displaying the public meeting date, times and complete venue details, social and targeted e-mails to stakeholder groups and community organisations. In addition community and voluntary sector partners and Healthwatch Croydon distributed materials and publicised events through their own internal communications channels.

From the mid-point review in the second week of December, the engagement team designed and planned further activities to respond to emerging trends in participant demographics and returned survey data. These activities have included several sessions in which members of the engagement team and a representative from the CCG's pharmacy team spent a two hour period in GP waiting rooms in different parts of the borough, and visited baby clinics, care homes and smaller local voluntary sector organisations.

At the close of the formal engagement period, over 600 Croydon residents and health and social care professionals have engaged with us, either verbally, through email or by completing the survey. This does not include further engagement that has not been recorded between other members of NHS staff and our professional partners and local residents and patients. We also predict that a number of survey returns and free comments will be added to this total as they will be received after the formal close time of midnight on Friday 6 January 2017.

Engagement Activity	Total number of participants
Public meetings	97
Survey	346
Partner and community meetings	(18 meetings not individuals)
Outreach session	153
Total Number of participants actively engaged	596

Please see appendix 2 for the full engagement activity log.

In addition both the engagement team and members of the CCG's pharmacy team have met with a range of stakeholders from other parts of the health and social care system. This includes members of Croydon Council Public Health Team, the Dietetic team at Croydon University Hospital and the Health Visiting team based at Parkway Health Centre, New Addington.

The following organisations have submitted written response to the engagement:

- Coeliac UK – National group
- Local Coeliac UK support group
- British Specialist Nutrition Association Ltd
- London Borough of Croydon Public Health Team

Engagement with seldom heard groups

Seldom heard is a term used to describe groups who may experience barriers to accessing services or are under-represented in healthcare decision making. Groups who may be identified as seldom heard include rural communities, black and minority ethnic (BME) groups, gypsies and travellers, lesbian, gay, bisexual and transgender, asylum seekers and refugees and young carers.

However, in reality, teenagers, employees, people with mental health issues and many others may be considered as seldom heard and engagement with these groups may not be straightforward.

Given the diversity of our communities Croydon has a wide number of populations who may be defined as seldom heard. However, Croydon also benefits from a vibrant and diverse community and voluntary sector that have excellent networks into the very heart of our communities.

To help access seldom heard groups, the CCG contracted Croydon Voluntary Action, the community and voluntary sector umbrella organisation to carry out 100 supported survey-based informal interviews. The result of this work has ensured that the reach of the engagement is broadly in line with the Croydon population.

Healthwatch Croydon

Healthwatch Croydon were contacted to ask for their help in identifying local community groups and to disseminate the links to the engagement documents, which they generously did. It was also suggested that Healthwatch Croydon would ask their volunteers whether they would be willing to help the engagement team during outreach sessions. The Healthwatch Croydon Community Analyst supported this process and a total of nine Healthwatch Croydon volunteers agreed to support the CCG during this engagement process. The CCG are very grateful for this support and partnership working.

Communication materials

The following materials were used during the engagement process

[The proposed changes to prescribing in Croydon engagement document \(including survey\)](#)
[The proposed changes to prescribing in Croydon engagement document \(Easy Read\) \(including survey\)](#)
[NHS Croydon CCG website \(Get Involved section\)](#)
[Twitter](#)

Respondents' profiles

The proposed changes to prescribing in Croydon survey included demographic questions intended to demonstrate how representative of Croydon's population participants were and to highlight groups or areas that have so far been over or under-represented.

In order to assess how representative of Croydon residents the people who responded to this engagement are it is important to understand the make-up of Croydon population. Below is a summary of the key demographics for Croydon which can be compared against the profile of our survey respondents and the people who attended the public meetings (where known).

- **Age**

Croydon has a younger population than the England and London average.

- 4 year olds (pre-school) make up 8% of the total borough population.
- 5 - 19 year olds (school age) make up 13 % of the total borough population
- 20 - 64 year olds (working age) make up 60 % of the total borough population
- 65+ year olds (older people) make up 13 % of the total borough population.

The age breakdown of the survey respondents was:

Age range	Percentage	Total number of people
16-24	8.11%	27

25-34	19.82%	66
35-44	16.52%	55
45-54	12.91%	43
55-64	14.71%	49
65-74	15.92%	53
75+	11.11%	37
Prefer not to answer	0.90%	3

The above table indicates that while the older age group (65-74 and 75+) are slightly over represented 18% against 13% of the total population. Given the subject of the engagement we anticipated that older people would have an interest in the engagement.

The age range options given in the survey vary from the age classifications given in the overall population of Croydon. Taking this into account we consider that the 63% of survey respondents falling into the 25 to 64 age ranges are a very good match to the 60% 20 to 64 Croydon adults' profile.

People who participated in the public meetings were considerably older than those who participated in the survey and were predominantly aged over 55.

- **Ethnicity**

Croydon has the twelfth largest proportion of BAME residents in London, comprising 43% of the total population. The 2011 census shows the ethnicity breakdown for Croydon as follows:

- White 55%
- Black 20%
- Asian 16%
- Mixed 7%
- Other 2%

The breakdown of ethnic profile of the survey respondents is:

Ethnicity	Percentage	Total number of respondents
White – British or Irish	48.91%	157
White – other white background	5.61%	18
Black or Black British	19.63%	63
Asian or Asian British	15.58%	50
Mixed	0	0

Chinese	0	0
Any other	2.49%	8
Prefer not to answer	7.79%	25

The survey respondents are a very good profile match to the overall Croydon population.

The majority of residents who attended the public meetings were white British or white other. Only a very small percentage (less than 5%) were from a different ethnic group.

- **Gender**

49 % of the Croydon population is male

51% of the Croydon population is female

The majority of survey respondents were female, 64.91% (209). 32.92% were male (106). 2.17% (7) of respondents preferred not to answer this question.

Women formed the majority of participants at the public meetings. With 26% being male.

It is well documented that women are higher users of health care services than men. Women are also more likely to be 'gatekeepers' of their families health, meaning that they will organise appointments and prescriptions so it is not surprising that more women than men engaged within this process.

That almost a third of respondents were men is significant and indicates that the outreach strategy and mitigations taken after the mid-point review to try and redress this balance were successful.

- **Deprivation**

The north of the borough is more deprived than the south and it is known that many risk factors for poor physical and mental health are associated with deprivation including poor housing, unemployment, poverty, poor education and high crime.

The survey asked respondents to state the name of their GP practice. While this gives us some indication of the area of Croydon the respondents are likely to live in, it will not provide us with sufficiently robust evidence to make any definitive claims about the reach of the engagement in relation to which are of Croydon the respondents live in.

To mitigate this, we undertook targeted engagement in:

- North Croydon – Parchmore Medical Practice, London Road Medical Practice
- New Addington – Parkway Medical Centre, Pathfinders, Boots Chemist, Older Peoples club

- South Norwood – South Norwood Medical Practice

The outreach work undertaken by Croydon Voluntary Action focused on the neighbourhoods of:

- Broad Green
- New Addington
- West Croydon
- Central Croydon

Given the above mitigations we are confident that the engagement process made sufficient efforts to reach out to gain the views of residents living in Croydon's more deprived wards.

Meeting the collective participation duty

This engagement report will be reviewed by NHS Croydon CCG Senior Management Team (SMT) ahead of its submission for consideration by the Governing Body, as part of the formal reporting procedures that will inform the decision to be taken by the Governing Body regarding proposed changes to prescribing in Croydon on Tuesday 17 January 2017.

We consider that the engagement undertaken during this period was done so in the in accordance with section 14Z2 of the Health and Social Care Act (2012) and in the spirit of meaningful participation, particularly in, "Make(ing) arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) [in the development and consideration or proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them].

Survey response

The survey asked people in Croydon to reply to several questions in relation to the proposal to reduce the prescribing of several products currently available on prescription. People were asked whether they agreed or disagreed specifically with the proposals in the four main areas described in the engagement document.

The survey also asked a more general question about respondents understanding of why the CCG were suggesting the changes. This was to help gauge whether people were clear about the background to these proposals, both in terms of the CCG's financial situation and wider sustainability issues within the NHS locally and nationally.

Summary of results

Below is a summary table which brings together the options of strongly agree and agree as a total and strongly disagree and disagree as a total. The option of don't know has been omitted from this summary table to provide a broad overview of the results.

Question	Agree or strongly agree to stop prescribing	Disagree or strongly disagree to stop prescribing
I understand why the local NHS is proposing to stop prescribing some items	71%	23%
Gluten-free products	51%	34%
Vitamin D	59%	29%
Soya, thickened or lactose-free baby milks and infant formula	49%	34%
over the counter medicines for minor illnesses	70%	22%

Full survey responses

Below is a breakdown of the responses to each question from the all responses.

Having read the engagement document, how much do you agree with the statement I understand why the local NHS is proposing to stop prescribing some items which are now readily available or cheaper to buy directly?

Response	Number of responses	Percentage
Strongly Agree	110	32%
Agree	134	39%
Don't know	20	6%
Disagree	34	10%
Strongly disagree	44	13%

How much do you agree that the local NHS should stop prescribing gluten-free products?

Response	Number of responses	Percentage
Strongly Agree	86	25%
Agree	92	26%
Don't know	51	15%
Disagree	44	13%
Strongly disagree	72	21%

How much do you agree that the local NHS should stop providing Vitamin D other than for the exempt groups listed in the engagement document?

Response	Number of responses	Percentage
Strongly Agree	88	26%
Agree	112	33%
Don't know	42	12%
Disagree	50	15%
Strongly disagree	49	14%

How much do you agree that the local NHS should stop providing all prescribed soya, thickened or lactose-free baby milks and infant formula except for the exemptions outlined?

Response	Number of responses	Percentage
Strongly Agree	72	21%
Agree	96	28%
Don't know	56	17%
Disagree	55	16%
Strongly disagree	62	18%

How much do you agree that the local NHS should stop prescribing over the counter medicines for minor illnesses other than for the exempt groups listed in the engagement document?

Response	No of responses	Percentage
Strongly Agree	127	37%
Agree	110	33%
Don't know	27	8%
Disagree	34	10%
Strongly disagree	42	12%

Discussion of survey results

The survey results suggest an overall agreement with all proposals to varying degrees. There is a higher number of respondents selecting the 'don't know' option than would be expected. This may be due to the specific nature of the questions. During the outreach sessions, where the questions were discussed with people face to face, it was not uncommon for people to reply that they felt the question didn't relate to them or their families so were more reluctant to comment. The reason was most usually cited as being due to not really understanding the circumstances of why people were getting these particular items on prescription.

Respondents to the survey were asked to indicate whether they were replying as local residents, a representative of an organisation or a clinician, commissioner or a healthcare professional.

- 94 percent of respondents were residents (317)
- Two percent of respondents replied as representatives of organisations (6)
- Four percent of respondents selected the clinician, commissioner or a healthcare professional option (13).

Analysis of the responses suggests that there were no significant differences between the levels of agreement on the options selected by the different groups. Furthermore the free comments did not suggest any significant differences in terms of the exemptions and concerns that were raised.

The next section presents details of the key themes and combines the survey results free comments, table discussions at the public meetings and conversations the engagement team had during the outreach sessions.

Main themes

There are a number of recurring themes that emerged during the engagement period. Some are very specific to the prescribing area that they relate to and some are wider issues concerning exceptions and the implementation process should the proposals be agreed by the Governing Body.

Concerns around specific prescribing areas will be discussed separately first before a discussion of more general concerns.

1. Prescriptions for gluten-free food

The following issues around the proposal to stop prescribing gluten free products were raised through both the on-line survey and face-to-face engagement.

- **Adhering to a gluten-free diet**

Concerns were raised around whether people would stick to a gluten free diet if products are no longer available on prescription. In particular concerns were raised that people with coeliac disease, and particularly those on low incomes, may not follow a gluten free diet if gluten free food were no longer prescribed.

“Absence of Gluten-Free foods on prescription will lead to more people visiting their GP or visiting A&E, when it could be avoided.”

“If discontinued many people will become ill and this number will multiply long term.”

“Change in policy for gluten-free prescribing means that patients will have no access or support for the only treatment for their lifelong condition. Non-adherence to treatment can increase the risk of associated long-term health complications.”

It is estimated that approximately 3,000 Croydon residents may have coeliac disease. The CCG has estimated that approximately less than half of these currently receive a prescription for gluten free food.

- **Continuation of annual reviews for coeliac patients**

The face to face engagement in particular, suggested there was some confusion as to whether this proposal would impact upon the annual review for coeliac patients. Survey responses also suggested that people felt that by no longer prescribing gluten-free foods they would no longer have regular access to dietary supervision.

- **Pricing and availability of Gluten Free products**

A very common theme from the engagement was the pricing and availability of gluten-free products. During the outreach sessions non-coeliac patients, in general, felt that gluten free

products were more widely available than in the past but that they were slightly more expensive than non-gluten free products. Survey respondents also mentioned that the cost and availability of gluten-free products would prohibit people from accessing the products, especially those on lower incomes.

The impact on local health inequalities was a common theme across all four areas and will be discussed later in this section.

- **Stakeholder views**

Coeliac UK, the local Coeliac Support group, Croydon Council Public Health Department and the British Specialist Nutrition Association Ltd provided written responses to the proposals. Their concerns mirrored those of the public.

2. Prescriptions for vitamin D

- **Confusion over correct dosage**

The maintenance dose a patient requires is dependent on their personal circumstances and there is real concern that people will not be sufficiently aware of what dose they will need if it is no longer prescribed to them by a clinician.

Whilst this issue did not emerge through the engagement with patients and the public, this was a key concern of:

- the Croydon Voluntary Action family guides who work with low income and vulnerable communities across Croydon
- members of the Croydon Prescribing Committee
- Health Visitors
- the Croydon Council Public Health team

- **People stopping taking vitamin D**

As with the concerns around gluten-free prescribing, the public, healthcare professionals and stakeholders expressed concern that some people who were no longer prescribed a vitamin D maintenance dose would not adhere to a regular regime and, as they would be already vulnerable to low Vitamin D levels, would end up having to undergo top up treatment more regularly.

- **Stakeholder View**

The Health Visitor Team based at Parkway Health Centre and the Public Health Team expressed concerns around the impact of this proposal for specific patient groups, including mothers who are vitamin D deficient and their babies and people in lower incomes. Early in the engagement process it was suggested that the Healthier Start Vitamin D Voucher scheme could offer support to families with children aged four and under. However,

further investigations suggests that the supply infrastructure currently in place may not be adequate to support any additional people, currently receiving vitamin D maintenance on prescription, who would be eligible.

3. Prescriptions for baby milks

- **Concerns for the vulnerable**

Of all the proposals the one concerning stopping the prescribing of specialist formula baby milk attracted the most concern for vulnerable mothers and low income families.

“Some concern about baby milks and infant formula as there are many mothers who may be on low incomes who may not be able to financially purchase milk and formula that could subsequently result in babies not receiving adequate nourishment. Therefore GPs and other health professionals must ensure that this group of people are appropriately educated.”

This type of concern is reflected in the survey response, discussions held during public meetings, discussions with healthcare professionals and written stakeholder responses.

During the engagement process additional concerns were raised about very vulnerable groups including mothers with HIV or addictions for whom breast feeding is impossible due to their conditions. Additionally, there were concerns around mothers who are not currently breastfeeding, and who are receiving a prescription for free specialist formulas, and how they could be supported effectively as returning to breastfeeding would not be an option.

A further concern emerged towards the end of the engagement period around the eligibility of some mothers to receive Healthier Start vouchers to support with any additional costs. The Healthier Start milk vouchers can only be used to purchase milk which has originated from cows and could not, therefore, be used to purchase soya or almond milk based formulas.

As with the concerns expressed regarding gluten-free and vitamin D maintenance doses, there was a call for people who may be affected to receive support with the changes, should they be agreed by the CCG Governing Body:

“The patients/ people currently receiving prescriptions for these items could be referred to dietician for help, guidance and advice with implementing gluten-free foods, vitamin D, milks/ formulas. Other guidance could be provided for prevention of minor illnesses.”

And, more specifically, the response from the Public Health department states:

“Every effort should be made for a child with milk allergy to be seen by a paediatric dietician, for nutritional assessment, in line with NICE guidance, CG116 Food Allergy in Children. The risk is that if a child is undiagnosed with an allergy to cow’s milk protein they will display failure to thrive and this consequence would cost the NHS significantly more in the long

term for an admission to hospital. Prescriptions should be reviewed regularly, particularly if the child is over two years old.”

4. Prescriptions for self-care medications

The proposal to stop prescribing over the counter medicines for minor illnesses was the most well supported by patients, public and stakeholders throughout the engagement process. During the outreach sessions many people expressed surprise that people with acute conditions were being prescribed painkillers when they could be obtained so cheaply in supermarkets and pharmacies.

There was some concern expressed about older, frailer people and people with restricted mobility and how they would access sufficient pain killers, but it is highly likely that these patients will be exempt from the proposed changes due to the nature of their conditions.

5. General concerns

• Exemptions

The engagement document asked respondents if there should there be any additional exemptions from any of the four proposals. This prompted a significant number of responses of well over half of respondents suggesting some form of exemption for people on a lower income. This suggested ‘means testing’ or ‘co-payments’ to support continuation of prescribing the products to ensure that people with low incomes could receive free or low costs access to them through a prescription.

These exemptions are quite broad and do not include those already mentioned in the engagement document. The suggested exemptions or co-payment options focus on vulnerable groups and include:

- people on low incomes
- over 65s
- under 5s
- older people with memory loss
- people currently receiving free prescriptions

Stakeholders and healthcare professionals who responded to the engagement suggested a much more targeted list of exemptions. These responses can be seen in the appendices.

• Co-payments and means testing

The National Health Service Act 1946, which set up the NHS in England and Wales, contained a provision that NHS services should be provided free of charge unless that Act expressly provided for a charge. The stipulation meant that the introduction of any charges required changes to primary legislation.

When prescription charges were introduced in 1952, there were limited exemptions (mainly people on National Assistance, together with their dependants). When prescription charges were reintroduced in 1968, exemptions were much more extensive, relating to income, medical status and age. Currently, The National Health Service (Charges for Drugs and Appliances) Regulations 2015, under powers conferred in the NHS Act 2006, make provision for prescription charges and exemptions in England. (*Commons Briefing Paper: The prescription charge and other NHS charges 11 April 2016*)

There is specific legislation in place to allow patients to 'top up' vouchers for wheelchairs and optometry services so that they can, if they wish to, purchase more expensive wheelchairs or glasses.

However, the overriding rules are that

- the NHS should never subsidise private care with public money, which would breach core NHS principles; and
- patients should never be charged for their NHS care, or be allowed to pay towards an NHS service (except where specific legislation is in place to allow this) as this would contravene the founding principles and legislation of the NHS.

The NHS prides itself on offering free healthcare and the greatest way to preserve that lies with the public taking greater responsibility for their health and how they use services. One of the strengths of free treatment/prescriptions is it is relatively easy to administer and operate, while the application of means testing healthcare would be more bureaucratic and expensive to manage. Also, the cut-off point applied to means-testing also means many genuinely needy people may find themselves narrowly excluded from the criteria when their circumstances would suggest otherwise.

- **Support for GP practices**

GPs and practice staff were not targeted specifically in this engagement process. However, during the outreach sessions some practice staff and GP's did take the opportunity to ask questions and talk to the engagement team about their particular concerns.

These concerns focused on:

- GPs and practice staff having to 'police' the changes
- The changes may not be applied consistently across the whole borough
- patient complaints will increase requiring additional resources
- patients will make additional appointments to personally argue their case for exemption

- **Health inequalities**

Croydon is a borough with significant health inequalities. In 2010, Croydon was the 19th most deprived borough in London. Between 2004 and 2010, levels of deprivation in Croydon increased more than in any other borough in south London. There is more deprivation in the north of the borough than in the south and there are also areas of high deprivation in the east of the borough.

There is significant variation between Croydon wards on some of the key indicators of health inequalities such as a higher level of excess weight in children, a higher proportion of low birth weight babies and a higher prevalence of severe mental illness. In Fieldway nearly half of children live in poverty whereas in some wards in the south of the borough only 1 in 10 children live in poverty. Life expectancy is also lower in the most deprived areas of Croydon.

The CCG has a duty to help support the reduction of health inequalities and an equalities impact assessment was completed focusing on the potential impact of these proposals against groups with protected characteristics under the Equalities Act 2010.

Throughout the engagement there was a very high level of concern, from all respondents and participants that these proposals would worsen health inequalities in Croydon and hit the most vulnerable populations the hardest:

“Those on low incomes generally have poorer health outcomes and will be the least likely to be able to purchase products privately. Consideration should therefore be given to creating an exemption for this group (such as those who are eligible for free prescriptions due to being on certain benefits) to ensure that the proposals will not increase health inequalities.”

“Sadly I fear that many vulnerable pts are now going to have their health put at risk even more, many won't be able to afford relevant treatments therefore their long term health will suffer.”

Patients' rights under the NHS Constitution

During the public engagement meetings and the outreach sessions the issue of how these proposals impacted upon patients' rights under the NHS Constitution was raised as a concern. Therefore as part of the engagement an assessment was made by the engagement team against the relevant principles and values as set out in the NHS Constitution to help reassure patients that the proposals do not contravene any elements of the Constitution.

The NHS Constitution (2012) establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff is entitled, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

The following rights of patients within the NHS Constitution which are directly relevant to proposals for changes to prescribing in Croydon include:

- Patients have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence.
 - All four of the proposals were subject to robust scrutiny by both the Croydon Prescribing Committee and the Primary Care prescribing group prior to the engagement period.
- Patients have the right to access NHS services.
 - These proposals do not impact upon patient's access to NHS services.
- Patients have the right to expect the NHS to assess the health requirements of the community they serve and to commission and put in place the services to meet those needs.
 - Croydon's Joint Strategic Needs Assessment ([JSNA](#)) produced with our public health colleagues and local authority partners provides very detailed data on our population. Croydon CCG has worked with Public Health, Croydon Council on the development of these proposals.
- Patients have the right not to be unlawfully discriminated against in the provision of NHS services.
 - All of the proposals were subject to an equalities impact assessment to assess how they might affect people with protected characteristics under the [Equalities Act 2010](#). Where there was the potential for an adverse impact on specific groups of individuals mitigating action and/or exemptions form part of the proposals. For example, people with chronic pain conditions who take painkillers daily to manage their pain will continue to receive prescriptions for paracetamol as currently.

Concluding remarks and next steps

Overall the analysis of this engagement process indicates that those who responded support the proposed changes to prescribing in Croydon. The strength of the agreement varies across the four separate proposals and concerns have been expressed across all proposals.

These concerns are focused on:

- The potential negative impact on health inequalities
- The longer term impact on current patients if they do not comply with their current supplements or diets
- The protection of our most vulnerable residents

- The role of the CCG in supporting patients, the public, healthcare professionals and service providers in the implementation of these proposals should they go forward.

Get involved

If you would like to find out more about getting involved and having your say about the work of Croydon CCG you can contact us at getinvolved@croydonccg.nhs.uk or phone us on **020 3668 1384**

Follow us on Twitter [@NHSCroydonCCG](https://twitter.com/NHSCroydonCCG)

For more information go to our website at www.croydonccg.nhs.uk

Appendices

Appendix 1: Supporting documents

Proposed changes to prescribing in Croydon

Full engagement document including the survey

http://www.croydonccg.nhs.uk/news-publications/news/prescribing/7139%20EE%20Croydon%20CCG%20Changes%20to%20Healthcare%20Doc%20PROOF_11.pdf

Easy read version

http://www.croydonccg.nhs.uk/news-publications/news/Documents/Croydon_prescriptions_%20easy%20read_2a.pdf

Appendix 2: Engagement log

This document is the full record of all the engagement activity, meetings and reach out events that the CCG undertook in the run up to and throughout the engagement period for proposed changes to prescribing in Croydon

Engagement Activity for Croydon CCG on Proposed changes to prescribing in Croydon							
Date	Type of activity	Target audiences	How were participants informed	Key themes identified and areas covered	Number of attendees, hits or users	Actions resulting	Evidence
7/9/2016	Outcomes Based Commissioning Service user group	Patient group	Agenda item	Pre-engagement. Feedback on initial proposals and messaging. Suggested some amendments to make messaging clearer and to make the overall spend figures more relevant to individuals e.g. £100 per person per year av.	8 patient 2 CBC staff	Changes to presentation ahead of the PPI Forum meeting on 5 Oct 2016	Minutes and presentation
5/10/2016	PPI Forum	Patients and Public	Targeted emails Healthwatch Croydon CCG Website	Concerns about low income groups expressed Attendees made additions to the assessment framework to help aid decision making	41 members of the public	None	Eventbrite Presentation
25/10/2016	Croydon Rotary Club	Public	Invitation from Chair as a result of network meeting in August	Suggested work more closely with PH and CBC to help people to keep well	18 people (65+)	Members included in the launch mail out	Email
28/10/2016	Enquiry from Coeliac UK	Stakeholder	Inquiry as a result of GB Oct meeting	Request for information	N/A	Targeted mail to Coeliac UK with link to survey	Email
28/10/2016	Email out to Age UK, Healthwatch Croydon, BME Forum and CCC to request help to identify opportunities for engagement local	Stakeholders	Email	Request for support with identifying key equalities groups	N/A	CCC held a meeting on 23 Nov on CCG behalf	Email Website

	group/public meeting						
3/11/2016	Face to face meeting	CHS adult dietician (Hannah Robert)	Scheduled meeting	To discuss the gluten-free proposal and rationale	1	None	
8/11/2016	Digestive Steering Group Meeting	Clinicians Commissioners Patient rep	Scheduled agenda	To discuss the gluten-free proposal and rationale. Gastro consultant queried if exemptions could be considered for people on low income benefits. It was confirmed there are no planned exceptions, however gluten-free products are now much more readily available at affordable prices. Information on how to maintain a healthy diet with naturally occurring gluten-free products such as rice and potatoes would also be produced for patients. The patient representative was in agreement with the proposal.	Steering Group members including a patient (lay representative, a gastro consultant and colo-rectal surgeon). 10+	None	Minutes
9/11/2016	Face to Face meeting	Croydon Public Health representatives	Meeting invitation	To discuss the withdrawal of prescriptions for vitamin D maintenance dose products and to obtain an update on local implementation of the Healthy Start Programme and accessibility to healthy Start Vitamins	CBC Public Health	Further information on Healthy Start available to help craft Q&A's for patients and public	
11/11/2016	On-launch of engagement period	Patients, public and stakeholders	CCG Website Press Release to local press and online news outlets	Engagement document	All Croydon residents	Get involved emails and requests for hard copy surveys	Website

11/11/2016	Emails to stakeholders, patients, public, stakeholders	Patients, public and stakeholders	Get Involved/Health Network contacts	Get involved emails and requests for hard copy surveys	CCG patient and Public data based (300+)	Get involved emails and requests for hard copy surveys	Get Involved Email
18/11/2016	Email notification to members	CCG GP Membership	N/A	Get involved emails and requests for hard copy surveys	All GP members	None	Get Involved Email
18/11/2016	Visit to Neighbourhood Care Centre – Selsdon	CVS Group supporting older people	Through enquiry from Cllr	N/A	60+ older people who attend CNCA group	Completed surveys received	
22/11/2016	Face to Face meeting	CHS paediatric dieticians	Discussion	To discuss the withdrawal of NHS prescriptions for baby milk and specialist infant formulas. The meeting was productive as dieticians felt a number of babies/infants were started on products inappropriately or that they were not reviewed and weaned off in line with their age and requirements which could cause problems such as faltering growth, constipation and iron deficiency.	3 dieticians and 1 dietetic assistant	Information to support the on-going engagement gathered.	
23/11/2016	Croydon Communities Consortium Public meeting	Croydon residents who may be affected by any changes	Through Croydon Communities Consortium mailing list	Concerns about how this will impact upon key inequalities groups Concerns some products will not be available through local pharmacy's Concerns about how people may afford Gluten Free product, in particular, and potential impacts of this.	18 Croydon residents	Concerns to be included in final engagement report Issues identified and included as part of the Q&A's	CCC webpage
24/11/2016	Face to Face meeting	Croydon Local Authority PH representatives	Discussion	To discuss population data prepared by PH to support the equality analysis report.	1 PH registrar.	None	
28/11/2016	Engagement docs out	GP Members	Engagement	None	57 GP practices	None	Prescribing

	to GP practices and pharmacies	Local Pharmacists	documents Posters Letter		Local pharmacists		letter
30/11/2016	Grass roots (SWLCC/Healthwatch Croydon) event	Older people	Through Healthwatch Croydon	Concerns about affordability for some groups of people, especially younger people People uncertain of how CCG are in the financial situation	11 Older people, mixed BAME	Surveys completed	Feedback from event minutes
1/12/2016	Meeting with Sarah Burns (CEO Croydon Voluntary Action re: seldom heard groups)	CVA	N/A	Meeting to discuss CVA undertaking outreach with seldom heard communities. 100 contacts agreed.	1	CVA agreed to carry out outreach	Email
4/12/16	LPC meeting	Local Pharmaceutical Committee (stakeholder)	Discussion	Promotion of cost effective self- care. Appropriate use of minor ailments service for vulnerable groups	10 local pharmacy contractors	None	
7/12/2016	Meeting with Healthwatch Croydon volunteers & Croydon College students	Healthwatch volunteers to support on-going outreach through their networks	To talk through the engagement documents (Prescribing & Foxley Lane)	Agree need to reach out to more isolated communities Agreement to promote engagement through local networks	4 x Croydon College students (age 25-35, 3 x Black African, 1 x Black Caribbean) 4 x HWC volunteers	Volunteers have agreed to support PPI Team with outreach from January and in future engagements /consultation	Email
8/12/2016	Meeting with five CVA Family Guides (undertaking outreach)	CVA members who support their local communities	To talk through the engagement documents	Raised concerns about affordability for many poorer residents, especially those with young children. Concerned about the lack of clarity about Vitamin D dosage and affordability Worried that cheaper medicines may not be as effective – need reassurance that pound shop over the counter medications may not be as safe	5 x family guides (age 4 x 25-35, 1 x 50+, 3 x BC, 1 x Arabic, 1 x WB)	Will work with up to 100 local residents from hard to reach communities	Email
8/12/2016 to 6/1/2017	CVA Seldom Heard outreach (100 Croydon residents from hard to reach communities)	On-going	On-going	On-going	100+	On-going	On-going

8/12/2016	PPG meeting – Headley Drive New Addington	PPG Members	Through the PPG Chair	Concerns about affordability for people living in deprived communities GP very concerned that if the changes go ahead they will be required to 'police' the changes and this will be a lot of additional work in terms of extra appointments to explain and an increase in complaints	3 x PPG members 1 x Practice Manager 1 x GP	Ensure that if the proposals are agreed the CCG has a plan to support GP's and Pharmacists to implement the changes	Email
9/12/2016	Mid-point engagement review	All data gathered to date	N/A	Identified need to target some communities (younger families, BME and in living in the north of Croydon	Currently respondents skewed to older people, not ethnically diverse enough to be representative of Croydon populations	Implemented agreed mitigations	Mid-engagement report
12/12/2016	Drop-in session at Shirley Medical Centre	Patients at Shirley Medical centre	Through Practice Manager	Surveys handed out and proposals discussed with individuals while waiting for their appointments	Approximately 15 patients spoken with	Surveys completed	Email
12/12/2016	Visit to CSPA older peoples group	Public	Through CSPA chair	Engagement documents handed out	Approximately 12 older adults	None	
13/12/2016	Public meeting	Patients and the Public	Presentation and worktop discussion with consultation document	Oral nutritional supplements Maintenance Vit D Baby milk Medicines available over the counter for acute minor ailments	27 Croydon residents (including several representatives from Coeliac UK local support group).	To be included in the final	Notes from the public meeting
13/12/16	Face to Face meeting	CHS paediatric dieticians	discussion	To review prescribing data and to discuss support with piloting patient reviews in a couple of practices with high costs. Also discuss development of guidelines for HCPs on premature infant feeds and cow's milk protein	2 CHS paediatric dieticians 1 CHS paediatric dietetic assistant.	N/A	

				allergy			
14/12/16	Face to face meeting	Primary care Prescribing Group (PCPG) meeting	Invitation	Discussed all proposals and possible processes required for implementation	2 GPs 1 PN 1 LPC representative	None	
16/12/2016	Drop-in session at Old Coulsdon Medical Centre	Patients at Old Coulsdon Medical Practice	Through Practice Manager	Surveys handed out and proposals discussed with individuals while waiting for their appointments	Approximately 13 patients spoken with	Surveys completed	Email
20/12/2016	Visit to New Addington Older Peoples group	Older residents in New Addington	Opportunistic	Engagement documents left	N/K	None	
20/12/2016	Visit to Pathfinders (New Addington)	CVS Groups in New Addington	Opportunistic	Engagement documents left	N/K	None	
20/12/2016	Visit to Boots pharmacy New Addington	Patients in New Addington	Opportunistic	Engagement documents left	N/K	None	
20/12/2016	Drop-in session Parkway Health Centre, New Addington	Patients at Parkway Practice New Addington	Through Practice Manager	Surveys handed out and proposals discussed with individuals while waiting for their appointments	Approximately 15 patients from mixed ages and backgrounds	Surveys completed	Email
21/12/2016	Drop-in session (baby clinic)	Young parents at a local baby clinic (Children's Centre)	Through Children's Centre	Surveys handed out and proposals discussed with individuals while waiting for their appointments Lots of parents were unaware that special infant formulas were available on prescription	Approximately 15 patients from mixed ages and backgrounds	Surveys completed	
28/12/2016	Outreach session – Norbury Hall care home (Dementia care)	Staff at Norbury Hall care home	Through Manager	Talked through the proposals with staff who agreed to promote with visitors	3 staff	Manager of the home is keen to work with the CCG on reducing medicine waste	Email
28/12/2016	Outreach session Sunrise care home	Residents at the Sunrise care home	Through Manager	Surveys handed out and proposals discussed with small group of residents	5 patients (all 75+)	Surveys completed	Email
29/12/2016	Drop-in session Hayling Park practice	Patients at Parkway Practice New Addington	Through Practice Manager	Surveys handed out and proposals discussed with individuals while waiting for their appointments	Approximately 15 patients from mixed ages and backgrounds	Surveys completed	Email
30/12/2016	Drop-in session South Norwood Medical	Patients at Parkway Practice New	Through Practice Manager	Surveys handed out and proposals discussed with	Approximately 15 patients from	Surveys completed	Email

	Practice	Addington		individuals while waiting for their appointments	mixed ages and backgrounds		
4/1/2017	Team meeting with CHS community breastfeeding support team	Health visitors and Midwives	Meeting Invitation	Focused on vitamin D and Infant Formula Highlighted document fails to list/ illustrate that babies born to women who are vitamin D deficient or at high risk of deficiency are also a high risk group. Healthy start vitamins for Infants currently only contain 7.5mcg, whilst current recommended dose is 8.5-10mcg. Queried possibility of health centres being able to provide Healthy Start Vitamins at cost price. Felt additional exceptions to consider- pregnant women with two or more additional risk factors, e.g. being dark-skinned and/or covering body with clothing. GP education on breast feeding is needed. On whole Initiatives are an opportunity to increase GP education and awareness and also to promote key PH messages.	3 team members 2 HV and 1 Midwife	Team offered to support training event for GPs on infant feeding should this be taken forward. Requested to be involved/consulted if local PILs developed around Infant Formula initiative	
4/1/2017	Discussion with PH	Croydon Local Authority PH representative	Internally	Discussion	To explore the Healthy Start Programme and any barriers or accessibility issues for vulnerable groups e.g. mums with addictions	PH to submit response to engagement 6/11	
4/1/2017	Drop-in London Road Practice	Patients at London Road Practice Thornton Heath	Through Practice Manager	Surveys handed out and proposals discussed with individuals while waiting for	Approximately 12 patients from mixed ages and	Surveys completed	Email

				their appointments	backgrounds		
5/1/2017	Drop-in Parchmore Medical Practice	Patients at Parchmore Medical Practice North Croydon	Through Practice Manager	Surveys handed out and proposals discussed with individuals while waiting for their appointments	Approximately 16 patients from mixed ages and backgrounds	Surveys completed	Email
6/1/2017	Croydon Prescribing Committee	Chief pharmacists of CHS and Croydon CCG Croydon Pharmacists LMC representative Croydon GPs Lay member	Regular monthly meeting by invitation	Engagement process and proposals explained and discussed Impact of proposals on most vulnerable in Croydon Concerns around speed of implementation and requirement for GP and pharmacist capacity to adhere and deliver any change in commissioning	15	Notes taken at meeting	
11/1/2017	Meeting with local Coeliac support group	Members of Croydon Coeliac UK support group	Through local organiser	To be updated	To be updated	To be updated	